St Ronald Religious Formation
17701 Fifteen Mile Road
Clinton Township, MI 48035
586-792-1276
nicole@stronald.com

Dear Parent(s),

Welcome to St Ronald's Religious Formation Program. Please find a registration form attached for the 2023-2024 school year. Be sure to fill out all forms that are attached, including the Medical Release Form and the Video/Photography Release Form. These forms are mandated by the Archdiocese of Detroit and must be completed in their entirety. I need one registration form per family and I need a medical release form and video form for each child registered in the program. *An emergency contact must be someone who does not live in your house.*

Classes for grades 1-6 will be held on Tuesdays from 4:30-5:45PM. **Grades 7 and 8** will meet on the second and fourth Mondays from 4:30-5:45pm. Middle school will also have one family session each quarter on Sunday instead of their Monday class.

The tuition cost will be the same as it has been in recent years: 1 child $90.00, 2 children $170.00, 3 or more children $225.00. All tuition is due by the first day of class unless other payment arrangements are made with me. **A $25.00 late fee** will be applied to an account if your registration form is received after September 1st. No child will be left out because of monetary issues, please come talk to me.

A class schedule will be given to you on the first day of class in the fall. The first night of class for grades 1-6 will be Tuesday, September 19, 2023. The first session for grades 7 and 8 will be Monday September 25th, 2023. As always, please contact me if you have any questions or concerns.

Sincerely,

Nicole Tomaszycki
Parish Catechetical Leader and Youth Minister

St. Ronald Religious Formation Registration – 2023/24

Family Last Name: _____

Father's Name: _____ Father's cell # _____

Father's Religion: _____ Mother's Religion: _____

Mother's Name: _____ Mother's cell # _____

Marital Status: _____

Family address:_____

Email address: _____

Primary Telephone Number: _____

Are you registered parishioners of St. Ronald? Y N If NO, where? _____

Emergency Contact- Name:_____ Relationship to child: _____

Home Phone # _____ Cell # _____

1st Child's Name: _____ Grade: _____ 4:30PM session or middle school
Birthdate: _____Gender: _____Parish Where Child was Baptized: _____

2nd Child's Name: _____ Grade: _____4:30PM or middle school
Birthdate: _____ Gender: _____ Parish Where Child was Baptized: _____

3rd Child's Name: _____ Grade: _____4:30 PM or middle school
Birthdate: _____ Gender: _____ Parish Where Child was Baptized: _____

** If your child was baptized at a parish other than St. Ronald, we will need a copy of the Baptismal Certificate.
*** Friendly reminder- your child is not fully registered until I receive all necessary forms.

Office use only:
Paid-$: _____ Cash or Check #: _____

MEDICAL TREATMENT RELEASE FORM

ONE FORM PER CHILD IS REQUIRED

To Whom It May Concern:

As parent/guardian, I do hereby authorize the treatment of a qualified and licensed physician of any condition which, in the opinion of the physician, is deemed necessary and appropriate. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ Relationship to you: _____

Reason for which release is intended: St Ronald Religious Formation - 2023

Address of Minor: _____ City: _____

Emergency Phone(s): _____

Family Physician: _____ Phone: _____

Physician Address: _____ City: _____

List allergies, medication, contract, or other pertinent comments:

_____

_____

Health Insurance Data:

Company: _____ Policy: _____

Group: _____ Contract: _____

I further authorize the person who presents the minor to sign the Acknowledgment of Receipt of Notice Privacy Rights that may be presented by the physician or health care facility.

This authorization is completed and signed of my own free will with the sole purpose of authorizing medical treatment deemed necessary and appropriate by the treating physician.

Date: _____ Signed: _____
(Parent or Guardian)

PSI/MedRel/05-94
HAPS-March 2004

ORGINAL SIGNATURE REQURIED